

**ENROLMENT FORM**

**FULL NAMES OF LEARNER:**

**SURNAME OF LEARNER:**

**PREFERRED NAME OF LEARNER:**

**DATE OF BIRTH:**

**ID NUMBER OF LEARNER:**

**GENDER OF LEARNER:**

**NATIONALITY:** **OTHER:**

**RELIGIOUS DENOMINATION:**

**ETHNIC GROUP:**

**HOME LANGUAGE:** **OTHER:**

**PLEASE TICK THE FOLLOWING BLOCKS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Early Morning | School Only | School + Aftercare | School Lunch |

**Please attach copies of Birth Certificate, Immunizations Record, Parents ID’s, Passport and photo of Learner.**

**LEARNER HEALTH INFORMATION:**

**CHRONIC DISEASES:**

**ALLERGIES:**

**MEDICATION:**

**MEDICAL AID NAME:**

**PRIMARY MEMBER:**

**MEDICAL AID NUMBER:**

**FAMILY DOCTOR:** \_\_\_\_

**CONTACT NUMBER:**

**NEXT OF KIN NAME:**

**CONTACT NUMBER:**

**RELATION:**

**PARENT / GUARDIAN 1 INFORMATION: (Person responsible for account payment)**

**TITLE:**

**FULL NAMES:**

**SURNAME:**

**PREFERRED NAME:**

**SA ID NUMBER:**

**PASSPORT NUMBER:**

**HOME LANGUAGE:** **OTHER:**

**CELL PHONE NUMBER:**

**HOME TELEPHONE NUMBER:**

**EMAIL ADDRESS:**

**RESIDENTIAL ADDRESS:**

**POSTAL ADDRESS:**

**OCCUPATION:**

**EMPLOYER:**

**WORK TELEPHONE NUMBER:**

**EMPLOYER PHYSICAL ADDRESS:**

**PARENT / GUARDIAN 2 INFORMATION:**

**TITLE:**

**FULL NAMES:**

**SURNAME:**

**PREFERRED NAME:**

**SA ID NUMBER:**

**PASSPORT NUMBER:**

**HOME LANGUAGE:** **OTHER:**

**CELL PHONE NUMBER:**

**HOME TELEPHONE NUMBER:**

**EMAIL ADDRESS:**

**RESIDENTIAL ADDRESS:**

**POSTAL ADDRESS:**

**OCCUPATION:**

**EMPLOYER:**

**WORK TELEPHONE NUMBER:**

**EMPLOYER PHYSICAL ADDRESS:**

**IS THE LEARNER LIVING WITH BOTH PARENTS:** **YES**\_\_\_\_\_\_\_\_\_\_\_\_\_ **NO**\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION BY PARENT / GUARDIAN:**

I, (Name of Parent / Guardian) hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorize the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on \_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_.

Signature of Parent / Guardian

**CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT**

AGREEMENT between Irene Pre-Primary School and (Name of parent / guardian) with regards to the payment of **school fees**.

* I accept responsibility for the payment of school fees for my child before the 5th of each month.
* I agree to inform the Principal in writing if I am unable to pay the fees.
* I understand that the school will take the necessary **legal** steps to recover any outstanding fees.
* I agree to give one (1) calendar months’ notice should my child no longer attend school. In the last term, I undertake to give notice in October as November doesn’t serve as a notice month.
* I declare that the forms have been completed correctly. I have read and understand the acceptance requirements and school rules and regulations.

Signature of Parent / Guardian: Date:

**PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES**

* I hereby give permission that my child may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
* I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and/or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel’s coarse negligence.
* I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he/she is physically able to participate in any organised activities and he/she resides I good health.
* I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
* I undertake to inform the school if any of the above information may change.
* I undertake to support my child to obey the Code of Conduct and the disciplinary system of Irene Pre-Primary School as included in the Policy of the school.

Signature of Parent / Guardian: Date:

**INDEMNITY**

I, the parent / guardian of (name of learner) indemnify unconditionally and without restriction Irene Pre-Primary School and/or the Governing Body of Irene Pre-Primary School or any person employed by Irene Pre-Primary School or any person acting on behalf of Irene Pre-Primary School against any losses, claims, injury or death that may be caused to the above learner by virtue of his or her use of any of the facilities provided by Irene Pre-Primary School.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on \_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_.

Signature of Parent / Guardian